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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
X Practit				25096			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
Name		Registration Number		Name			Registration Number
any and all pater	egent(s) to represent the undersig at applications assigned goly to the	undersigned acc	nited States Pa cording to the U	tent and Tra SPTO assigr	demark C	Office (USPTO) in Cords or assignme	connection with
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
The address associated with Customer Nu				25096			CFR 3.73(b) to:
OR					J ————		
Firm or Individual Name							
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City	State				Zip		
Country		Telephon	€ .	•	Email		
Assignee Name and Address: Muller Capital, LLC 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SE/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	Ru Z	Ru Zu		Date	10	Jan , s	0 09
Name	Rebecca Tu			Telephon	е		
Title	Authorized Person for Muller Capital, LLC						